in the alcoholic series. But, at the best, the protecting is less certain and less effective than the deteriorating influence. In brief and final enumeration, alcohol replaces more actively vital materials by fat and fibrous tissue; it substitutes suppuration for new growth; it promotes caseous and earthy change; it helps time to produce the effects of age; and, in a word, is the genius of degeneration."

Dr. ANSTIE said that the paper contained facts of high interest, but which required consideration as to how far the number of cases warranted the conclusions; those cases only having been included where alcohol had been taken in excess, and thus a large number of persons subject to chronic alcoholism have been included. He did not agree with the conclusion as to the suppurative form of inflammation being the more common. With regard to the frequency of cirrhosis, Dr. Anstie would say, from his experience of over thirteen years, in which he had seen a large number of patients suffering from the effects of chronic alcoholism, that it was rarely met with; he had only seen thirteen cases in which there were symptoms of cirrhosis, though some of the patients had been under observation for ten years. He agreed with the prominence given to nervous change and symptoms; they were always in advance in the effects of alcohol. It was interesting to note how frequently inflammatory changes, such as slight attacks of inflammation of the brain, occurred, with delirium and convulsions, and from which the patient recovered. He thought the effects of alcohol, long continued, tended to the fibroid form of phthisis. He was pleased to see that the tables showed that kidney disease on a large scale was not increased by alcohol; this had been shown by statistics collected in Glasgow. He believed the notion arose from false ideas of the elimination of alcohol by the kidneys—too much work was thrown upon them, so causing degeneration.

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23. *Artificial Production of Epilepsy.*—At one of the late meetings of the Société de Biologie, M. BROWN-SÉQUARD communicated to the Society the results of experiments he had made to determine the path pursued by irritation of the sciatic in order to reach the upper part of the spinal cord and to produce epilepsy. Section of the sciatic nerve near its origin, and, still more, the forcible ablation of the nerve, are constantly followed by epilepsy. Nevertheless section of the spinal cord immediately above the origin of the sciatic nerve does not produce epilepsy. This unexpected fact gives rise to the suspicion that the occurrence of epileptic symptoms is not due to the section of the fibres of the sciatic nerve proper, but rather to the section of the fibres of the sympathetic which unite themselves to the sciatic after its emergence from the spinal cord. M. Brown-Séquard naturally thought it would be interesting to divide the several sympathetic branches that pass to the sciatic; but, unfortunately, this is extremely difficult to accomplish. Division of the great sympathetic in the abdomen produces only transient effects—incipient symptoms, as it were, of epileptic attacks, but nothing positive or definite. On the other hand, section of the roots of the last dorsal and first lumbar nerves produces epileptic attacks, and it is known that these roots furnish sympathetic filaments to the sciatic nerves. From all this M. Brown-Séquard concludes that it is to section of the sympathetic that we must essentially attribute the artificial production of epilepsy.—*Lancet*, October 5, 1872.

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24. *Pathology of Cerebral Hemorrhage.*—Dr. ZENKER, of Erlangen, in a communication made to the last meeting of the Society of German Naturalists and Physicians, confirms in its essential points the statement made several years ago by Charcot and Bouchard, and by Charlton Bastian, that the disposition to cerebral hemorrhage consists in the formation of minute aneurisms. Having examined all the cases of spontaneous cerebral hemorrhage that have come under his notice during several years, Dr. Zenker in every instance found miliary aneurisms, both in the wall of the hemorrhagic deposits, and in other parts of the brain. They appear to the naked eye as little fluctuating tumours as large as a pin's head (rarely larger), and assume all the ordinary forms of aneurism. Usually the inner coats of the vessel give way, and a dissecting

aneurism is formed. The disease may remain at this stage for some time, or there may even be recovery, a small pigmental mass being left. In other instances, all the membranes burst, and hemorrhage into the brain takes place.

As to the origin of these minute cerebral aneurisms, Dr. Zenker does not entirely agree with MM. Charcot and Bouchard. These observers have called in question the dependence of these aneurisms on atheromatous degeneration; Zenker, however, is convinced that they have their origin, just like aneurisms of the larger vessels, in atheromatous disease of the inner coat of the arteries. These minute aneurisms may indeed be present, without any evident sign of disease in the arteries at the base of the brain. On microscopic examination, however, of the aneurisms and of the arterial twigs on which they are seated, the inner coat is found to present changes corresponding to the uneven thickening which occurs in atheroma of the larger vessels. Thus the researches of Charcot and Bouchard do not subvert the old doctrine of the dependence of cerebral hemorrhage on vascular degeneration, but give it an important confirmation.—*Brit. Med. Journ.*, Nov. 9, 1872.

25. *Aphasia immediately following Paracentesis Abdominis.*—Dr. GILLETTE records (*L'Union Médicale*, Sept. 24, 1872) a curious case of this observed by him in the wards of M. A. Guérin at l'Hôtel-Dieu. The subject of it was a woman æt. 45, whose abdomen was largely distended by serous effusion resulting from disease of the liver. The trocar was inserted in the left side on the 4th of April, 1872, and the fluid evacuated, and M. G. then applied compression by means of wadding and a bandage. Notwithstanding this precaution the patient was seized a few moments after the operation with complete aphasia and hemiplegia of the right side. When seen by Dr. Gillette nearly five months afterward, the patient appeared very intelligent, and evidently understood questions put to her, but could not reply. Her power of speech, which at first was entirely extinct, had slightly returned, but within very restricted limits. She had not lost her memory, and replied correctly, affirmatively or negatively, to questions by motions of her hand. She had recovered from the paralysis of the right lower limb, but, though the right upper limb retained its sensibility, she had no power of motion with it; on the contrary, it is strongly contracted; the fingers are so flexed that the nails have made their imprint on the palm, and every effort made by others to extend her fingers gives her extreme pain.

26. *Spinal or Essential Palsy of Children.*—M. ROSENTHAL, in the fifty-second number, 1871, of the *Oesterreich. Zeitschr. f. Prakt. Heilkunde*, observes that atrophy and malformation of the anterior cornua of the spinal cord, as first pointed out by the French pathologists, are the chief pathologico-anatomical alterations met with after death in the so-called spinal paralysis of children. According to M. Rosenthal, the atrophy of the nerve cells of the gray substance is not so much the primary morbid change, as the enlargement and thickening of the bloodvessels observed by him, signs of an active participation of the latter, in the diseased action going on, a pathological process which in its progress becomes the cause of the waste, or even entire destruction, of the gray substance of the brain. In opposition to the view of Duchenne, M. Rosenthal has observed that improvement may take place in the motility of the paralyzed muscles, even though the lost Farado- and galvanic excitability of the muscles be not again restored.

Within the first six to nine months from the commencement of the attack, and hence beyond the eventual failure of the electrical excitability of the muscles, still is the prognosis not to be considered unfavourable.

In two cases of the essential paralysis of children reported by Damaschina, there was likewise evident lesion of the vessels of the anterior cornua of the spinal cord. It would appear that the last-named gentleman, as well as Duchenne, is inclined to view this abnormal condition of bloodvessels as the primary cause of the paralysis.—*Centralblatt f. d. Med. Wissenschaften*, No. 11, 1872. D. F. C.